## FORM D

SEC 1972 (6/02):
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# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

PROCESSEI

FORM D

NOTICE OF SALE OF SECURITIES EP 1 8 2008

PURSUANT TO REGULATION THOMSON REUTER REFERENCES

SEC USE ONLY
Serial

UNIFORM LIMITED OFFERING EXEMPTION

DATE RECEIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	Name of Offering ( check if this is an amendment and name has changed, and indicate change.)						
Class A Limited Partnership Units							
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	SEC Main Processing						
Type of Filing: New Filing	Section						
A. BASIC IDENTIFICATION DATA	OFB 4 - 0						
1. Enter the information requested about the issuer	DEP 1 2 X 0 0 8						
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	104-114						
Maple Tree Holdings, L.P.	Washington, DC						
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number	ber (Including Area Code)						
55 East Jackson Blvd., Chicago, IL 60604 (877) 402-6601							
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number	har (Instruction Area Code)						
(if different from Executive Offices)							
Brief Description of Business Holding Company							
Type of Business Organization							
☐ corporation ☐ limited partnership, already formed ☐ other (please sq	THE PROPERTY OF THE PROPERTY O						
business trust limited partnership, to be formed	08059952						
Month Year							
Actual or Estimated Date of Incorporation or Organization: [0] [6] [0] [7]	Actual						
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:							
CN for Canada; FN for other foreign jurisdiction) [D][E]							

### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
• Each promoter of the issuer, if the issuer has been organized within the past five ye	ars;
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or securities of the issuer;</li> </ul>	disposition of, 10% or more of a class of equity
Each executive officer and director of corporate issuers and of corporate general an	d managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: Promoter Beneficial Owner Executive O	fficer Director/Manager A General and/or Managing Partner
Full Name (Last name first, if individual)	
Maple Tree Holdings GP, LLC	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Hub International Limited, 55 East Jackson Blvd., Chicago, IL 60604	
Check Box(es) that Apply:  Promoter Beneficial Owner Executive Of	fficer Director/Manager General and/or Managing Partner
Full Name (Last name first, if individual)	
Apax US VII, L.P.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Apax Partners, LP, 153 East 53 <sup>rd</sup> Street, 53 <sup>rd</sup> Floor, New York, NY 10022	
Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive O	officer Director/Manager General and/or Managing Partner
Full Name (Last name first, if individual)	
Apax Europe VII-A, L.P.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Apax Partners Worldwide LLP, 15 Portland Place, London W1B 1PT, United Kingdom	1
Check Box(es) that Apply:  Promoter Beneficial Owner Executive Of	fficer Director/Manager General and/or Managing Partner
Full Name (Last name first, if individual)	
Apax Europe VII-B, L.P.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Apax Partners Worldwide LLP, 15 Portland Place, London W1B 1PT, United Kingdom	1
Check Box(es) that Apply:	fficer Director/Manager General and/or Managing Partner
Full Name (Last name first, if individual)	
Doster, Thomas	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Morgan Stanley Principal Investments, Inc., 1585 Broadway, New York, NY 10036	
Check Box(es) that Apply:	fficer Director/Manager General and/or Managing Partner
Full Name (Last name first, if individual)	
Goldsmith, Daniel	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Maple Tree Holdings, L.P., 55 East Jackson Blvd., Chicago, IL 60604	

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>	
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more securities of the issuer;	of a class of equity
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partner</li> </ul>	ship issuers; and
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director/Manage	r  General and/or Managing Partner
Full Name (Last name first, if individual)	
Fitzsimons, Paul	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Apax Partners Worldwide, LLP, 15 Portland Place, London, W1B 1PT, United Kingdom	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director/Manage.	r  General and/or Managing Partner
Full Name (Last name first, if individual)	
Gulliver, Richard A.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Maple Tree Holdings, L.P., 55 East Jackson Blvd., Chicago, IL 60604	
Check Box(es) that Apply:  Promoter Beneficial Owner  Executive Officer Director/Manager	General and/or Managing Partner
Full Name (Last name first, if individual)	
Guthart, Bruce D.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Maple Tree Holdings, L.P., 55 East Jackson Blvd., Chicago, IL 60604	
Check Box(es) that Apply:	General and/or Managing Partner
Full Name (Last name first, if individual)	
Hughes, Martin P.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Maple Tree Holdings, L.P., 55 East Jackson Blvd., Chicago, IL 60604	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director/Manager	General and/or Managing Partner
Full Name (Last name first, if individual)	
James, W. Kirk	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Maple Tree Holdings, L.P., 55 East Jackson Blvd., Chicago, IL 60604	
Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director/Manager	General and/or Managing Partner
Full Name (Last name first, if individual)	
Lineker, Lawrence J.	
Business or Residence Address (Number and Street, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·
c/o Maple Tree Holdings, L.P., 55 East Jackson Blvd., Chicago, IL 60604	

Α	BASIC IDENTIFI	ICATION DATA		
2. Enter the information requested for the following	<del></del>	ICATIONDATA		
Each promoter of the issuer, if the issuer has	•	in the past five years:		
Each beneficial owner having the power to	<del>-</del>	• •	ition of 10% or more	of a class of equity
securities of the issuer;	•	•		•
Each executive officer and director of corpo		orporate general and mana	ging partners of partner	ship issuers; and
Each general and managing partner of partn	ership issuers.	<u>_</u>		
Check Box(es) that Apply:  Promoter	Beneficial Owner	Executive Officer	☑ Director/Manager	General and/or Managing Partner
Full Name (Last name first, if individual)				
Karandikar, Ashish				
Business or Residence Address (Number and Street,	City, State, Zip Code	e)		
c/o Apax Partners, LP, 153 East 53rd Street, 53rd Flo	or, New York, NY 1	0022		
Check Box(es) that Apply: ☐ Promoter ☐	Beneficial Owner	☐ Executive Officer	☐ Director/Manager	General and/or Managing Partner
Full Name (Last name first, if individual)				
Morgan Stanley Principal Investments, Inc.				
Business or Residence Address (Number and Street,	City, State, Zip Code	e)		
1585 Broadway, New York, NY 10036	-			
Check Box(es) that Apply:	Beneficial Owner	Executive Officer	☐ Director/Manager	General and/or Managing Partner
Full Name (Last name first, if individual)		•		
Paine, Marianne D.				
Business or Residence Address (Number and Street,	City, State, Zip Code	e)		
c/o Maple Tree Holdings, L.P., 55 East Jackson Blvd	I., Chicago, IL 60604	1		
Check Box(es) that Apply:  Promoter	Beneficial Owner	Executive Officer	Director/Manager	General and/or Managing Partner
Full Name (Last name first, if individual)				
Taylor, Roy H.				
Business or Residence Address (Number and Street,	City, State, Zip Code	e)		<del></del>
c/o Maple Tree Holdings, L.P., 55 East Jackson Blvd	I., Chicago, IL 60604	1		
Check Box(es) that Apply:  Promoter	Beneficial Owner	Executive Officer	☑ Director/Manager	General and/or Managing Partner
Full Name (Last name first, if individual)				
Truwit, Mitch				
Business or Residence Address (Number and Street,	City, State, Zip Code	e)		

2c of 8

c/o Apax Partners, LP, 153 East 53<sup>rd</sup> Street, 53<sup>rd</sup> Floor, New York, NY 10022

				B. IN	FORMAT	TON ABO	OUT OFF	ERING	•			
									·c · o		Yes	No SZ
1. Has the	issuer sol	d, or does							_			$\boxtimes$
			Ans	swer also i	n Appendi	x, Columi	n 2, if filin	g under U	LOE.			
2. What is	the minin	num inves	stment that	will be ac	cepted fro	m any ind	ividual?		***************************************		<u>N/A</u> Yes	<u>N</u>
3. Does th	e offering	permit jo	int owners	hip of a si	ngle unit?		••••••					
offering and/or v associat	sion or sig. If a perwith a stated person	milar rem son to be e or state s of such	nuneration listed is a s, list the r a broker or	for solicit n associate name of the dealer, yo	ation of p ed person e broker o	urchasers or agent c r dealer.	in connect of a broker If more th	tion with or dealer an five (5	sales of se registered persons	ecurities in with the to be listed	the SEC d are	
Full Name NONE	(Last nam	e first, if	individual)	1								
Business or	r Residenc	e Addres	s (Number	and Street	t, City, Sta	te, Zip Co	de)					
							· · · · · · · · · · · · · · · · · · ·					
Name of A	ssociated	Broker or	Dealer									
States in W	hich Perso	on Listed	Has Solici	ted or Inte	nds to Soli	icit Purcha	sers					
-			individual	-						_	🗆	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	(CT)	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI] Full Name	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	(WI)	[WY]	[PR]
run Name	(Last nam	e msi, m	muiviuuai <i>j</i>									
Business or	r Residenc	e Address	s (Number	and Street	t, City, Sta	te, Zip Co	de)					
Name of A	ssociated	Broker or	Dealer									
States in W	hich Perso	on Listed	Has Solici	ted or Inte	nds to Soli	icit Purcha	isers	<u> </u>				
			individual									All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	(DC)	[FL]	[GA]	[HI]	[ID]
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last nam	e iirst, ii i	individuai)									
Business or	Residenc	e Address	s (Number	and Street	, City, Sta	te, Zip Co	de)					
Name of A	ssociated	Broker or	Dealer									<del></del>
States in W	hich Perso	on Listed	Has Solicit	ted or Inte	nds to Soli	cit Purcha	sers			•		
(Check "A	All States"	or check	individual	States)		••••••						All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEED	OS .
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \bigsilon and indicate in the columns below the amounts of		
	the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	\$
	Common Preferred		
	Convertible Securities (including warrants)	\$	\$
		\$	\$
	•	\$460,000 units	\$ 460,000 units
	· · · · · · · · · · · · · · · · · · ·	\$	\$
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	· ·
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Accredited Investors	Number Investors	Aggregate Dollar Amount of Purchases \$ 460,000 units
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		<b>4</b>
	Answer also in Appendix, Column 4, it timing under OLOE.		
3.	If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		
		Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505	N/A	\$
	Regulation A	<u>N/A</u>	\$ <u></u>
	-	N/A	\$
	Total	<u>N/A</u>	\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees		\$ <u>33,000</u> \$
	Engineering Fees		\$ \$
	Sales Commissions (specify finders' fee separately)		<u>*</u>
	Other Expenses (identify) Outside Financial Advisor and Other Miscellaneous	<del></del>	\$\$
	Total		\$ <u>85,000</u>
		انسا	

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	E OF PROCI	EEDS	
5.	b. Enter the difference between the aggregate offering price given in response to Part C – Question 1 and total expenses furnished in response to part C – Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$_ Exch	N/A nange offering
	Salaries and fees	Payments to Officers, Directors, & Affiliates	\$   \$   \$   \$   \$   \$   \$   \$   \$   \$	Payments To Others  460,000 units (exchange offer)
	Column Totals	⊠ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	460,000 units
the fe	D. FEDERAL SIGNATURE  Issuer has duly caused this notice to be signed by the undersigned duly authorized person. If collowing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities are request of its staff, the information furnished by the issuer to any non-accredited investigation.	s and Exchan	ge Comi	nission, upon
Mapl Nam	r (Print or Type) e Tree Holdings, L.P. e of Signer (Print or Type) Romick  Signature Title of Signer (Print or Type) Authorized Signatory	Da Sep	te otember 9	, 2008

ATI	CENT	TION
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Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

	E. STATE SIGNATURE	
Is any party described in 17 CFR 230.262 present such rule?  See Apple		
2. The undersigned issuer hereby undertakes to fur Form D (17 CFR 239.500) at such times as requi	•	which this notice is filed, a notice on
3. The undersigned issuer hereby undertakes to fur issuer to offerees.	mish to the state administrators, upon written	request, information furnished by the
4. The undersigned issuer represents that the issuer Limited Offering Exemption (ULOE) of the savailability of this exemption has the burden of exemption is the exemption is the exemption is the exemption of exemption is the exe	state in which this notice is filed and unde	rstands that the issuer claiming the
The issuer has read this notification and knows the cundersigned duly authorized person.	contents to be true and has duly caused this no	otice to be signed on its behalf by the
Issuer (Print or Type)	Signature V	Date
Maple Tree Holdings, L.P.	WW //	September 9, 2008
Name of Signer (Print or Type)	Title of Signer (Print or Type)	

**Authorized Signatory** 

## Instruction:

Jason Romick

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

1		2	3	-		4			ification
	accredite in S	sell to non- d investors State Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
			Class A Limited Partnership	Number of Accredited		Number of Non- Accredited			
State	Yes	No	Units	Investors	Amount	Investors	Amount	Yes	No
AL		X	460,000	3	460,000 units	0			X
AK									
AZ									
AR									
CA									
со									
СТ									
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN									
IA			-						
KS									
KY							_		
LA									
ME									
MD									
MA									
MI									
MN									
MS									
МО									

# APPENDIX

1	Intend to	sell to non-	Type of security and aggregate offering price	4  Type of investor and				Disqualification under State ULOE (if yes, attach explanation of		
	1	State -Item 1)	offered in state (Part C-Item I)		amount purchased in State (Part C-Item 2)			waiver granted) (Part E-Item 1)		
State	Yes	No	Class A Limited Partnership Units	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
MT				,						
NB										
NV										
NH										
NJ		·-···								
NM										
NY										
NC								-		
ND										
ОН										
ОК										
OR		.,								
PA										
RI										
SC		· · · · · ·								
SD										
TN										
TX										
UT										
VT										
VA										
WA										
wv										
WI										
WY										
PR										

